

2014 Delaware Qualified Health Plans

Individual Market Overview
September 19, 2013

Topics

- Overview of QHPs in the Individual Market
- QHP Issuers
- Plan Summary
- Premium Rates and Cost-Sharing

QHP Issuers

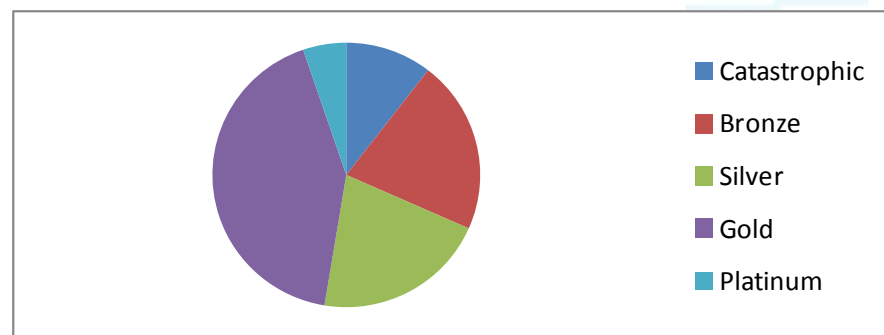
- Qualified Health Plans (QHPs) to be offered in plan year 2014 were certified on the Federally-Facilitated Marketplace (FFM) in mid-September, 2013.
- For the Individual Marketplace, Certified plans were submitted by three medical issuers and three dental issuers.
- The three medical plan issuers with certified plans include:
 - Highmark BlueCross BlueShield Delaware, Inc.
 - Coventry Health Care of Delaware, Inc.
 - Coventry Health and Life Insurance Company
- The three stand-alone dental plan issuers include:
 - Delta Dental of Delaware, Inc.
 - Dentegra Insurance Company
 - Dominion Dental Services, Inc.

Plan Summary

- There are 19 medical QHPs* participating in the DE Marketplace in the Individual Market.
- A breakdown of the actuarial values of medical individual plans is shown in the chart below.
 - Bronze = 60% of qualifying health expenses are covered by the plan
 - Silver = 70% of qualifying health expenses are covered by the plan
 - Gold = 80% of qualifying health expenses are covered by the plan
 - Platinum = 90% of qualifying health expenses are covered by the plan

Number of Medical Plans Per Metal Level

Metal Level	Number of Plans	Percentage of Total
Catastrophic	2	11%
Bronze	4	21%
Silver	4	21%
Gold	8	42%
Platinum	1	5%
Total	19	100%



** Number of QHPs excludes multi-state plans that will be approved by OPM in late September*

Plan Summary

- There are 12 stand alone dental QHPs (SADPs) participating in the DE Marketplace in the Individual Market.
- A breakdown of the actuarial values of medical individual plans is shown in the chart below.
 - Low = 70% of qualifying health expenses are covered by the plan
 - High = 85% of qualifying health expenses are covered by the plan
- All SADPs will be offered both on and off the Marketplace, and include child-only and family-based coverage

NUMBER OF SADPs PER ACTUARIAL LEVEL

Actuarial Value	Delta Dental	Dentegra	Dominion	Total Number of Plans	Percentage of Total
Low	2	2	4	8	67%
High	2	2	0	4	33%
Total	4	4	4	12	100%

Premium Rates and Plan Cost Sharing

Premium Rates

- Provisions of the ACA has significant impact on consumer rates for 2014. Among other things, premium rates are affected by:
 - ✓ Coverage of all 10 essential health benefits and benchmark benefits
 - ✓ Removal of annual and lifetime limitations
 - ✓ 80/20 Medical/Loss, which requires Issuers to spend at least 80% of premium on medical care and efforts to improve quality care, and no more than 20% on administrative costs.
 - ✓ Issuers cannot deny coverage due to pre-existing conditions
 - ✓ Rating factors that only include age, tobacco use, and family composition.
 - ❖ *Note that SADP rates are exempt from premium rating requirements, so dental premiums may still be individually underwritten.*
- Tables on the following slides provide a list of QHP medical plans along with the deductible and out-of-pocket limits, and base premium rates.

Various Types of “Out-of-Pocket” Costs

- **Premium** - The premium is the cost of the health insurance plan for one year. It can usually be made in one lump sum payment or divided into monthly payments.
- **Copay** - Copayments are a set amount that must be paid out-of-pocket for medical services and prescriptions; the health insurance pays the rest of the amount. Each service or prescription may have a set copayment that is the responsibility of the insured. Copays do not apply to the enrollee’s deductible, coinsurance, or out-of-pocket maximum. In addition, not all services may require a copay.
- **Deductible** - A deductible is a certain monetary amount that must be paid out-of-pocket before the health insurance will begin to cover health service costs. Out-of-pocket expenses that count towards a deductible include doctor visits, cost of prescriptions, and some medical equipment. Once the deductible has been paid, the health insurance will begin to cover medical expenses.
- **Coinsurance** - Coinsurance is a health care cost sharing between the consumer and their insurance company. Coinsurance is the percentage you pay when your health plan pays less than 100% for covered services. Your health plan will not pay toward services with a coinsurance until you have paid your annual deductible.
- **Maximum Out of Pocket (MOOP)** - is the maximum amount of money the consumer would pay for medical services in a calendar year.

QHP Rate and Plan Cost Share-Individual

Bronze Plans									
Company	Plan Name (Description)	Plan ID	Plan Level Base Premium Monthly Rate (PMPM)*	Individual Deductible**	Family Deductible*	CoPay-\$ (In Network - PCP)	Coinsurance-% (In Network)	Individual MOOP	Family MOOP
Highmark BCBS	Shared Cost Blue EPO 5250	76168DE0410010	\$194.29	\$ 5,250.00	\$ 10,500.00	\$5	10%	\$6,250.00	\$ 12,500.00
Coventry Health & Life	PPO – Deductible Only HSA Eligible	13537DE0720003	\$208.43	\$ 6,300.00	\$ 12,600.00	no charge after deductible	0%	\$ 6,300.00	\$ 12,600.00
Coventry Health Care	HMO \$10 Copay	81914DE0980003	\$208.96	\$ 5,600.00	\$ 11,200.00	\$10	30%	\$6,350.00	\$ 12,700.00
Coventry Health Care	HMO – Deductible Only HSA	81914DE0980004	\$193.56	\$ 6,300.00	\$ 12,600.00	no charge after deductible	0%	\$6,300.00	\$ 12,600.00
Silver Plans									
Company	Plan Name (Description)	Plan ID	Plan Level Base Premium Monthly Rate (PMPM)*	Individual Deductible**	Family Deductible	CoPay-\$ (In Network - PCP)	Coinsurance-% (In Network)	Individual MOOP	Family MOOP
Highmark BCBS	Shared Cost Blue EPO 3000	76168DE0410008	\$226.29	\$ 3,000.00	\$ 6,000.00	\$30	25%	\$5,000.00	\$ 10,000.00
Coventry Health & Life	PPO -- \$10 copay	13537DE0720002	\$268.62	\$ 4,750.00	\$ 9,500.00	\$10	30%	\$6,350.00	\$ 12,700.00
Coventry Health Care	HMO \$10 copay	81914DE0980002	\$249.91	\$ 4,750.00	\$ 9,500.00	\$10	30%	\$6,350.00	\$ 12,700.00
Highmark BCBS	Health Savings Blue EPO 3000	76168DE0420004	\$223.64	\$ 3,000.00	\$ 6,000.00	no charge	0%	\$3,000.00	\$ 6,000.00

**The Premium amounts included in the table below reflect the Plan Level Base Premium Rate approved for each Standard plan. Additional rating factors for age, family size and tobacco use may be applied to determine the actual premium rate for each customer.*

*** In-Network Medical and Drug Deductible Combined*

QHP Rate and Plan Cost Share-Individual

Gold Plans									
Company	Plan Name (Description)	Plan ID	Plan Level Base Premium Monthly Rate (PMPM)*	Individual Deductible**	Family Deductible	CoPay-\$ (In Network - PCP)	Coinsurance-% (In Network)	Individual MOOP	Family MOOP
Highmark BCBS	Health Savings Blue EPO 1800	76168DE0420002	\$269.24	\$ 1,800.00	\$ 3,600.00	no charge	0%	\$1,800.00	\$ 3,600.00
Highmark BCBS	Shared Cost Blue EPO 0	76168DE0410002	\$281.05	\$ -	\$ -	\$35	20%	\$5,000.00	\$ 10,000.00
Highmark BCBS	Shared Cost Blue EPO 750	76168DE0410012	\$280.36	\$ 750.00	\$ 1,500.00	\$25	20%	\$3,000.00	\$ 6,000.00
Highmark BCBS	Shared Cost Blue EPO 1000	76168DE0410006	\$271.67	\$ 1,000.00	\$ 2,000.00	\$25	20%	\$3,000.00	\$ 6,000.00
Highmark BCBS	Shared Cost Blue EPO 1350	76168DE0410011	\$284.18	\$ 1,350.00	\$ 2,700.00	no charge after deductible	0%	\$2,500.00	\$ 5,000.00
Highmark BCBS	Shared Cost Blue PPO 1500	76168DE0560001	\$275.84	\$ 1,500.00	\$ 3,000.00	\$30	0%	\$3,500.00	\$ 7,000.00
Coventry Health & Life	PPO -- \$5 copay	13537DE0720001	\$323.55	\$ 2,000.00	\$ 4,000.00	\$5	20%	\$5,000.00	\$ 10,000.00
Coventry Health Care	HMO \$5 copay	81914DE0980001	\$301.96	\$ 2,000.00	\$ 4,000.00	\$5	20%	\$5,000.00	\$ 10,000.00
Platinum Plans									
Company	Plan Name (Description)	Plan ID	Plan Level Base Premium Monthly Rate (PMPM)*	Individual Deductible**	Family Deductible	CoPay-\$ (In Network - PCP)	Coinsurance-% (In Network)	Individual MOOP	Family MOOP
Highmark BCBS	Shared Cost Blue EPO 300	76168DE0410004	\$329.97	\$ 300.00	\$ 600.00	\$10	10%	\$1,300.00	\$ 2,600.00
Catastrophic Plans									
Company	Plan Name (Description)	Plan ID	Plan Level Base Premium Monthly Rate (PMPM)*	Individual Deductible**	Family Deductible	CoPay-\$ (In Network - PCP)	Coinsurance-% (In Network)	Individual MOOP	Family MOOP
Highmark BCBS	Major Events Blue EPO 6350	76168DE0400001	\$164.54	\$ 6,350.00	N/A	no charge	0%	\$6,350.00	N/A
Coventry Health Care	HMO – 100 Pct	81914DE0980005	\$130.90	\$ 6,350.00	\$ 12,700.00	\$20.00	0%	\$6,350.00	\$ 12,700.00

*The Premium amounts included in the table below reflect the Plan Level Base Premium Rate approved for each Standard plan. Additional rating factors for age, family size and tobacco use may be applied to determine the actual premium rate for each customer.

** In-Network Medical and Drug Deductible Combined

Average Premium-Individual Market

Average Base Premium Rate (All Non-Tobacco)-Individual Market

Metal Level	1 Adult (Age 30)	2 Adults (Adults Age 30)	2 Adults + 1 Child (Adults Age 30)	2 Adults (Adults Age 40 & 35)	2 Adults + 1 Child (Adults Age 40 & 35)	2 Adults + 3 Children (Adults Age 40 & 35)	1 Adult (Age 50)	2 Adults (Adults Age 50 & 45)	2 Adults + 2 Children (Adults Age 50 & 45)
Bronze	\$228.49	\$456.98	\$584.81	\$503.27	\$631.10	\$886.76	\$359.54	\$650.23	\$905.89
Silver	\$274.80	\$549.60	\$703.34	\$605.29	\$759.03	\$1,066.51	\$432.42	\$782.03	\$1,089.51
Gold	\$324.50	\$649.01	\$830.56	\$714.77	\$896.32	\$1,259.42	\$510.63	\$932.48	\$1,286.58
Platinum	\$374.52	\$749.04	\$958.57	\$824.92	\$1,034.45	\$1,453.51	\$589.33	\$1,065.81	\$1,484.87
Catastrophic	\$167.66	\$335.32	\$429.12	\$369.30	\$463.10	\$650.70	\$263.83	\$477.14	\$664.74

Average Base Level Premium Rates-Individual Market

Average Base Premium Rates for each Metal Level

Metal Level	Plan Level Base Premium Non-Tobacco Rate (PMPM)*	Plan Level Base Premium Tobacco Rate (PMPM)*
Bronze	\$201.31	\$233.07
Silver	\$242.12	\$270.85
Gold	\$285.98	\$306.72
Platinum	\$329.97	\$338.22
Catastrophic	\$147.72	\$162.87
Average-all levels	\$241.42	\$262.35

**Additional rating factors for age and family size may determine actual rates. Federal tax subsidies, available only through the Individual Marketplace, may also impact a consumer's actual monthly premium rate.*

Individual Market Base Rates Non-Tobacco and Tobacco Use

Company	Plan Name (Description)	Plan ID	Metal Level	Plan Level Base Premium Non-Tobacco Rate (PMPM)*	Plan Level Base Premium Tobacco Rate (PMPM)*
Highmark BCBS	Shared Cost Blue EPO \$5,250	76168DE0410010	Bronze	\$194.29	\$199.15
Coventry Health & Life	PPO – Deductible Only HSA Eligible	13537DE0720003	Bronze	\$208.43	\$250.12
Coventry Health Care	HMO \$10 Copay	81914DE0980003	Bronze	\$208.96	\$250.75
Coventry Health Care	HMO – Deductible Only HSA	81914DE0980004	Bronze	\$193.56	\$232.27
Average Base Premium Rate-Bronze				\$201.31	\$233.07
Highmark BCBS	Shared Cost Blue EPO 3000	76168DE0410008	Silver	\$226.29	\$231.95
Coventry Health & Life	PPO -- \$10 copay	13537DE0720002	Silver	\$268.62	\$322.34
Coventry Health Care	HMO \$10 copay	81914DE0980002	Silver	\$249.91	\$299.89
Highmark BCBS	Health Savings Blue EPO 3000	76168DE0420004	Silver	\$223.64	\$229.23
Average Base Premium Rate-Silver				\$242.12	\$270.85
Highmark BCBS	Health Savings Blue EPO 1800	76168DE0420002	Gold	\$269.24	\$275.97
Highmark BCBS	Shared Cost Blue EPO 0	76168DE0410002	Gold	\$281.05	\$288.08
Highmark BCBS	Shared Cost Blue EPO 750	76168DE0410012	Gold	\$280.36	\$287.37
Highmark BCBS	Shared Cost Blue EPO 1000	76168DE0410006	Gold	\$271.67	\$278.46
Highmark BCBS	Shared Cost Blue EPO 1350	76168DE0410011	Gold	\$284.18	\$291.28
Highmark BCBS	Shared Cost Blue PPO 1500	76168DE0560001	Gold	\$275.84	\$282.74
Coventry Health & Life	PPO -- \$5 copay	13537DE0720001	Gold	\$323.55	\$388.26
Coventry Health Care	HMO \$5 copay	81914DE0980001	Gold	\$301.96	\$361.63
Average Base Premium Rate-Gold				\$285.98	\$306.72
Highmark BCBS	Shared Cost Blue EPO 300	76168DE0410004	Platinum	\$329.97	\$338.22
Average Base Premium Rate-Platinum				\$329.97	\$338.22
Highmark BCBS	Major Events Blue EPO 6350	76168DE0400001	Catastrophic	\$164.54	\$168.65
Coventry Health Care	HMO – 100 Pct	81914DE0980005	Catastrophic	\$130.90	\$157.08
Average Base Premium Rate-Catastrophic				\$147.72	\$162.87

**Additional rating factors for age and family size may determine actual rates. Federal tax subsidies, available only through the Individual Marketplace, may also impact a consumer's actual monthly premium rate.*

Individual Premium Rate Scenarios

Premium Rating Scenarios By Age and Family Size

The table on the following slide shows the base premium for each QHP for the following age/family size scenarios. In each case, the scenario is based on non-smoker with children under age 21.

Scenario #1:

- 1 Adult (age 30)
- 2 Adults (both aged 30)
- 2 Adults + 1 Child (both Adults aged 30)

Scenario #2:

- 2 Adults (age 40 and 35)
- 2 Adults + 1 Child (Adults aged 40 and 35)
- 2 Adults +3 Children (Adults aged 40 and 35)

Scenario #3:

- 1 Adult (age 50)
- 2 Adults (aged 50 and 45)
- 2 Adults + 2 Children (Adults aged 50 and 45)

Individual Premium Rate Scenarios

BASE PREMIUM RATING SCENARIOS BY AGE AND FAMILY SIZE

Company	Plan Name (Description)	Plan ID	Metal Level	Plan Level Base Rate (PMPM) ¹	Base Premium 1 Adult (Age 30)	Base Premium 2 Adults (Adults Age 30)	Base Premium 2 Adults + 1 Child (Adults Age 30)	Base Premium 2 Adults (Adults Age 40 & 35)	Base Premium 2 Adults + 1 Child (Adults Age 40 & 35)	Base Premium 2 Adults + 3 Children (Adults Age 40 & 35)	Base Premium 1 Adult (Age 50)	Base Premium 2 Adults (Adults Age 50 & 45)	Base Premium 2 Adults + 2 Children (Adults Age 50 & 45)
Coventry Health & Life	PPO – Deductible Only HSA Eligible	13537DE0720003	Bronze	\$208.43	\$236.57	\$473.14	\$605.49	\$521.07	\$653.42	\$918.12	\$372.26	\$673.23	\$937.93
Coventry Health Care	HMO \$10 Copay	81914DE0980003	Bronze	\$208.96	\$237.17	\$474.34	\$607.03	\$522.40	\$655.09	\$920.47	\$373.20	\$674.94	\$940.32
Coventry Health Care	HMO – Deductible Only HSA	81914DE0980004	Bronze	\$193.56	\$219.69	\$439.38	\$562.29	\$483.90	\$606.81	\$852.63	\$345.70	\$625.20	\$871.02
Highmark BCBS	Shared Cost Blue EPO 5250	76168DE0410010	Bronze	\$194.29	\$220.52	\$441.04	\$564.41	\$485.72	\$609.09	\$855.83	\$347.00	\$627.55	\$874.29
Coventry Health & Life	PPO – \$10 copay	13537DE0720002	Silver	\$268.62	\$304.88	\$609.76	\$780.33	\$671.55	\$842.12	\$1,183.26	\$479.76	\$867.65	\$1,208.79
Coventry Health Care	HMO \$10 copay	81914DE0980002	Silver	\$249.91	\$283.65	\$567.30	\$725.99	\$624.77	\$783.46	\$1,100.84	\$446.34	\$807.21	\$1,124.59
Highmark BCBS	Shared Cost Blue EPO 3000	76168DE0410008	Silver	\$226.29	\$256.84	\$513.68	\$657.37	\$565.73	\$709.42	\$996.80	\$404.15	\$730.91	\$1,018.29
Highmark BCBS	Health Savings Blue EPO 3000	76168DE0420004	Silver	\$223.64	\$253.83	\$507.66	\$649.67	\$559.10	\$701.11	\$985.13	\$399.42	\$722.36	\$1,006.38
Coventry Health & Life	PPO – \$5 copay	13537DE0720001	Gold	\$323.55	\$367.23	\$734.46	\$939.91	\$808.88	\$1,014.33	\$1,425.23	\$577.86	\$1,045.07	\$1,455.97
Coventry Health Care	HMO \$5 copay	81914DE0980001	Gold	\$301.36	\$342.04	\$684.08	\$875.44	\$753.40	\$944.76	\$1,327.48	\$538.23	\$973.39	\$1,356.11
Highmark BCBS	Health Savings Blue EPO 1800	76168DE0420002	Gold	\$269.24	\$305.59	\$611.18	\$782.15	\$673.10	\$844.07	\$1,186.01	\$480.86	\$869.64	\$1,211.58
Highmark BCBS	Shared Cost Blue EPO 0	76168DE0410002	Gold	\$281.05	\$318.99	\$637.98	\$816.45	\$702.62	\$881.09	\$1,238.03	\$501.96	\$907.80	\$1,264.74
Highmark BCBS	Shared Cost Blue EPO 750	76168DE0410012	Gold	\$280.36	\$318.21	\$636.42	\$814.45	\$700.90	\$878.93	\$1,234.99	\$500.72	\$905.56	\$1,261.62
Highmark BCBS	Shared Cost Blue EPO 1000	76168DE0410006	Gold	\$271.67	\$308.35	\$616.70	\$789.21	\$679.17	\$851.68	\$1,196.70	\$485.20	\$877.49	\$1,222.51
Highmark BCBS	Shared Cost Blue EPO 1350	76168DE0410011	Gold	\$284.18	\$322.54	\$645.08	\$825.53	\$710.45	\$890.90	\$1,251.80	\$507.55	\$917.91	\$1,278.81
Highmark BCBS	Shared Cost Blue PPO 1500	76168DE0560001	Gold	\$275.84	\$313.08	\$626.16	\$801.32	\$689.60	\$864.76	\$1,215.08	\$492.65	\$890.96	\$1,241.28
Highmark BCBS	Shared Cost Blue EPO 300	76168DE0410004	Platinum	\$329.97	\$374.52	\$749.04	\$958.57	\$824.92	\$1,034.45	\$1,453.51	\$589.33	\$1,065.81	\$1,484.87
Coventry Health Care	HMO – 100 Pct	81914DE0980005	Catastrophic	\$130.90	\$148.57	\$297.14	\$380.26	\$327.25	\$410.37	\$576.61	\$233.79	\$422.81	\$589.05
Highmark BCBS	Major Events Blue EPO 6350	76168DE0400001	Catastrophic	\$164.54	\$186.75	\$373.50	\$477.98	\$411.35	\$515.83	\$724.79	\$293.87	\$531.47	\$740.43

Premium Rates

Definitions:

The following terms are used in the tables on the next two pages:

- **Adjusted Monthly Premium (\$):** The total amount that the consumer is expected to pay per month, after tax subsidies have been applied.
- **Percent of FPL:** This is a measure of income based on percentages at and above the Federal Poverty Limit. (i.e. 200% FPL means an income of 2x the federal poverty limit, which is \$11,480 per year for individuals and varies for families based on family size).
- **Annual Income:** The amount of individual or household income per year.
- **Premium Limit (%):** The total percent of annual income an individual or family is expected to pay for healthcare premiums. It increases as income increases.
- **Maximum Annual Premium (\$):** The total dollar amount that an individual or family is expected to pay annually in premiums, based on income.
- **Monthly Subsidy (\$):** The total amount that will be paid by the federal government per month towards the payment of premiums.
- **Average Base Premium (\$):** The average base price of the premium that must be paid to the insurance company each month, before subsidies. An average is shown because premiums can vary by location.

Premium Rates

- Advanced Payment Tax Credits Applied– Individual Age 30**

The table below shows examples of premium rates after tax credits for an individual age 30. See page 14 for definitions of terms used in table.

ESTIMATED PREMIUM RATES WITH APTC APPLIED FOR AN INDIVIDUAL NON-SMOKER AGE 30

Percent of FPL	Annual Income (\$)	Premium Limit (%)	Maximum Annual Premium (\$)	Monthly Subsidy (\$)	Average Base Premium (\$)	Adjusted Monthly Premium (\$)
138%	15,856.20	3.29%	521.67	257.11	300.58	43.47
150%	17,235.00	4.00%	689.40	243.13	300.58	57.45
200%	22,980.00	6.30%	1447.74	179.94	300.58	120.65
250%	28,725.00	8.05%	2312.36	107.88	300.58	192.70
300%	34,470.00	9.50%	3274.65	27.69	300.58	272.89
400%	45,960.00	9.50%	4366.20	0.00	300.58	300.58

EXAMPLE OF PREMIUM SUBSIDY AVAILABLE THROUGH THE DELAWARE MARKETPLACE

SINGLE ADULT

30-YEAR-OLD NONSMOKER



INCOME
\$2,394
per month

\$28,725
per year

250% of poverty
level for a 1-person
household

UNSUBSIDIZED
PREMIUM

\$300.58
per month

\$300.58

–

–

FEDERAL
TAX CREDIT

\$107.88
per month

\$107.88

=

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PREMIUM PAID
THROUGH THE
MARKETPLACE

\$192.70
per month

\$192.70

(tax credit amount based on a
premium cap of 8.05% of income
for a family at this income level)

Premium Rates

- Advanced Payment Tax Credits Applied– Family of 4**

The table below shows examples of premium rates after tax credits for a family of 4. See page 14 for definitions of terms used in table.

ESTIMATED PREMIUM RATES WITH APTC APPLIED FOR FAMILY OF 4 (ADULTS AGED 50 AND 45, PLUS 2 CHILDREN. NON-SMOKER)

Percent of FPL	Annual Income (\$)	Premium Limit (%)	Maximum Annual Premium (\$)	Monthly Subsidy (\$)	Average Base Premium (\$)	Adjusted Monthly Premium (\$)
138%	32,499.00	3.29%	1,069.22	1,102.61	1,191.71	89.10
150%	35,325.00	4.00%	1,413.00	\$1,073.96	1,191.71	117.75
200%	47,100.00	6.30%	2,967.30	\$944.44	1,191.71	247.28
250%	58,875.00	8.05%	4,739.44	\$796.76	1,191.71	394.95
300%	70,650.00	9.50%	6,711.75	\$632.40	1,191.71	559.31
400%	94,200.00	9.50%	8,949.00	\$445.96	1,191.71	745.75

Individuals with income over 400% FPL are not eligible for subsidies.

EXAMPLE OF PREMIUM SUBSIDY AVAILABLE THROUGH THE DELAWARE MARKETPLACE

FAMILY OF 4

50 and 45-YEAR-OLD
NONSMOKER ADULTS
WITH 2 CHILDREN



INCOME
\$3,925
per month

\$47,100
per year

200% of poverty
level for a 4-person
household

UNSUBSIDIZED
PREMIUM

\$1,191.71
per month

\$1,191.71

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FEDERAL
TAX CREDIT

\$944.44
per month

\$944.44

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PREMIUM PAID
THROUGH
MARKETPLACE

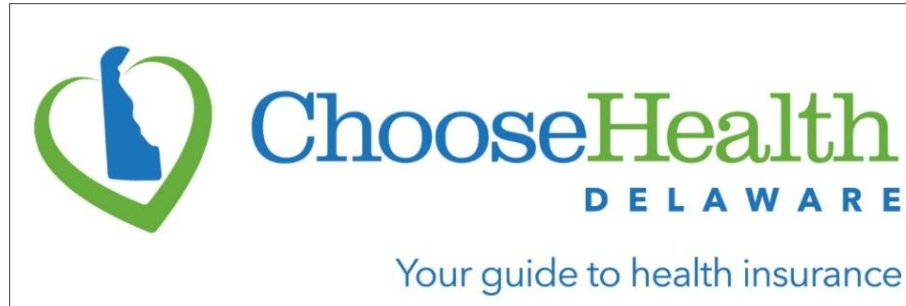
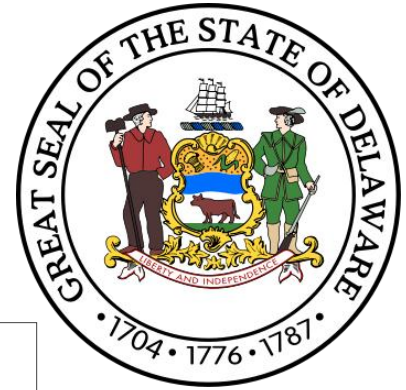
\$247.28
per month

\$247.28

(tax credit amount based on a
premium cap of 6.30% of income
for a family at this income level)

Cost Sharing Reductions

- Most plans in the Marketplace have cost sharing features such as deductibles, copayments and coinsurance, which are paid by the individual.
 - People who purchase coverage through the Marketplace may be able to lower costs on deductibles, copayments, and coinsurance. The savings is based on income and family size.
 - Issuers offering coverage through the Marketplace must lower the amount a person pays out of pocket for [essential health benefits](#) if the household income is **below the following amounts**. (Incomes below are based on 2013 numbers. They are likely to be slightly higher in 2014. Amounts are different for each family size, up to 8.)
 - Up to \$28,725 for individuals
 - Up to \$38,775 for a family of 2
 - Up to \$48,825 for a family of 3
 - Up to \$58,875 for a family of 4
 - Up to \$68,925 for a family of 5
 - Up to \$78,975 for a family of 6
 - Up to \$89,025 for a family of 7
 - Up to \$99,075 for a family of 8
 - **When a person applies for coverage in the Marketplace, the person will learn if eligible for these savings on out-of-pocket costs.**
- **Out-of-pocket savings apply only to Silver plans**



2014 Delaware Qualified Health Plans

SHOP Overview
September 18, 2013

Overview of QHPs in the SHOP (Small Group) Market

Topics

- SHOP QHP Issuers
- Plan Summary
- Premium Rates and Cost-Sharing

Delaware SHOP QHP Issuers

Qualified Health Plans (QHPs) to be offered in plan year 2014 were certified on the Federally-Facilitated Marketplace (FFM) in mid-September, 2013.

- Certified plans for the Small Business Health Options Program (SHOP) market were submitted by two medical issuers and four stand alone dental issuers.
- The two medical plan issuers with certified plans include:
 - Highmark BlueCross BlueShield Delaware, Inc.
 - Coventry Health Care of Delaware, Inc.
- The four stand-alone dental plan issuers include:
 - Delta Dental of Delaware, Inc.
 - Dentegra Insurance Company
 - Dominion Dental Services, Inc.
 - The Guardian Life Insurance Company

Plan Summary

- There are 11 medical QHPs participating in the DE Marketplace in the SHOP Market.
- There are multiple medical QHPs offered at each metal level: 4 Bronze, 4 Silver, and 3 Gold.
 - Bronze = 60% of qualifying health expenses are covered by the plan
 - Silver = 70% of qualifying health expenses are covered by the plan
 - Gold = 80% of qualifying health expenses are covered by the plan

Metal Level	Coventry Health Care	Highmark BCBS	Total
Bronze	2	2	4
Silver	2	2	4
Gold	2	1	3
Total	6	5	11

SHOP Plan Summary-SADPs

- There will be 18 stand alone dental QHPs (SADPs) participating in the DE Marketplace SHOP.
- A breakdown of the actuarial values of medical individual plans is shown in the chart below.
 - Low = 70% of qualifying health expenses are covered by the plan
 - High = 85% of qualifying health expenses are covered by the plan

NUMBER OF SADPs PER ACTUARIAL LEVEL

Actuarial Value	Delta Dental	Dentegra	Dominion	Guardian	Total Number of Plans	Percentage of Total
Low	2	2	4	3	11	61%
High	2	2	0	3	7	39%
Total	4	4	4	6	18	100%

SHOP Premium Rates and Plan Cost Sharing

- **Premium Rates**

- Among other things, premium rates are affected by the removal of annual and lifetime limitations, coverage of all ten essential health benefits and benchmark benefits, and restrictions on premium rating factors to only include age, rating area, tobacco use, and family composition.
- Note that SADP rates are exempt from premium rating requirements, so dental premiums may still be individually underwritten.

Average Base Premium Rate—SHOP

Average Base Premium Rates

**Additional rating factors for age and family size MAY determine actual rates.*

Metal Level	Plan Level Base Premium Non-Tobacco Rate (PMPM)*	Plan Level Base Premium Tobacco Rate (PMPM)*
Bronze	\$242.86	\$271.71
Silver	\$288.76	\$323.77
Gold	\$342.49	\$392.45
Average all levels	\$291.37	\$329.31

SHOP Premium Rates and Cost Sharing

- The following slide provides base premium rates and cost sharing information for each of the QHPs to be offered to Small Employers in the Delaware SHOP.
 - ¹ The Premium amounts included in the table above reflect the Base Premium Rate approved for each Standard plan. Additional rating factors for age, family size and tobacco use may be applied to determine the actual premium rate for each customer.
 - ² Deductible values represent In-Network Combined Medical and Drug Deductible
 - * Coinsurance value represents In-Network Medical Default Coinsurance
 - ** Coinsurance value represents In-Network Combined Medical and Drug Default Coinsurance
 - *** Coinsurance value represents both In-Network Medical and Drug Default Coinsurance

SHOP Premium Rates and Cost Sharing

Bronze Plans									
Company	Plan Name (Description)	Plan ID	Plan Level Base Premium Monthly Rate (PMPM) ¹	Individual Deductible ²	Family Deductible ²	CoPay-\$ (In Network - PCP)	Coinsurance-% (In Network)	Individual MOOP (In Network)	Family MOOP (In Network)
Highmark BCBS	Shared Cost EPO Basic \$5250/90	76168DE0430003	\$261.24	\$ 5,250	\$ 10,500	\$5	10%**	\$ 6,250	\$ 12,500
Highmark BCBS	Health Savings EPO HSA \$3500/90	76168DE0450001	\$252.47	\$ 3,500	\$ 7,000	no charge	10%**	\$ 6,250	\$ 12,500
Coventry Health Care	Bronze Deductible Only HMO HSA Eligible	81914DE0990003	\$223.33	\$ 6,300	\$ 12,600	no charge after deductible	0%**	\$ 6,300	\$ 12,600
Coventry Health Care	Bronze Deductible Only POS HSA Plan	81914DE1000003	\$234.39	\$ 6,300	\$ 12,600	no charge after deductible	0%**	\$ 6,300	\$ 12,600
Silver Plans									
Company	Plan Name (Description)	Plan ID	Plan Level Base Premium Monthly Rate (PMPM) ¹	Individual Deductible ²	Family Deductible ²	CoPay-\$ (In Network - PCP)	Coinsurance-% (In Network)	Individual MOOP (In Network)	Family MOOP (In Network)
Highmark BCBS	Shared Cost EPO Basic \$2000/75	76168DE0430002	\$297.44	\$ 2,000	\$ 4,000	\$25	25%**	\$ 6,000	\$ 12,000
Highmark BCBS	Health Savings PPO HSA \$2000/80	76168DE0440001	\$289.27	\$ 2,000	\$ 4,000	no charge	20%**	\$ 5,000	\$ 10,000
Coventry Health Care	Silver \$10 Copay HMO Plan	81914DE0990002	\$277.36	\$ 3,000	\$ 6,000	\$10	30%*	\$ 6,350	\$ 12,700
Coventry Health Care	Silver \$10 Copay POS Plan	81914DE1000002	\$290.97	\$ 3,000	\$ 6,000	\$10	30%*	\$ 6,350	\$ 12,700
Gold Plans									
Company	Plan Name (Description)	Plan ID	Plan Level Base Premium Monthly Rate (PMPM) ¹	Individual Deductible ²	Family Deductible ²	CoPay-\$ (In Network - PCP)	Coinsurance-% (In Network)	Individual MOOP (In Network)	Family MOOP (In Network)
Highmark BCBS	Shared Cost EPO Basic \$1000/75	76168DE0430001	\$358.75	\$ 1,000	\$ 2,000	\$25	25%***	\$ 2,500	\$ 5,000
Coventry Health Care	Gold \$0 Copay HMO Plan	81914DE0990001	\$326.28	\$ 1,500	\$ 3,000	no charge	20%*	\$ 5,000	\$ 10,000
Coventry Health Care	Gold \$0 Copay POS Plan	81914DE1000001	\$342.45	\$ 1,500	\$ 3,000	no charge	20%*	\$ 5,000	\$ 10,000

¹ The Premium amounts included in the table below reflect the Plan Level Base Premium Rate approved for each Standard plan. Additional rating factors for age, family size and tobacco use may be applied to determine the actual premium rate for each customer.

² Deductible values represent In-Network Combined Medical and Drug Deductible

SHOP Base Rates Non-Tobacco and Tobacco Use

Company	Plan Name (Description)	Plan ID	Metal Level	Plan Level Base Premium Non-Tobacco Rate (PMPM)*	Plan Level Base Premium Tobacco Rate (PMPM)*
Highmark BCBSD	Shared Cost EPO Basic \$5250/90	76168DE0430003	Bronze	\$261.24	\$272.96
Highmark BCBSD	Health Savings EPO HSA \$3500/90	76168DE0450001	Bronze	\$252.47	\$263.80
Coventry Health Care	Bronze Deductible Only HMO HSA Eligible	81914DE0990003	Bronze	\$223.33	\$268.00
Coventry Health Care	Bronze Deductible Only POS HSA Plan	81914DE1000003	Bronze	\$234.39	\$281.27
Highmark BCBSD	Shared Cost EPO Basic \$2000/75	76168DE0430002	Silver	\$297.44	\$310.80
Highmark BCBSD	Health Savings PPO HSA \$2000/80	76168DE0440001	Silver	\$289.27	\$302.27
Coventry Health Care	Silver \$10 Copay HMO Plan	81914DE0990002	Silver	\$277.36	\$332.83
Coventry Health Care	Silver \$10 Copay POS Plan	81914DE1000002	Silver	\$290.97	\$349.16
Highmark BCBSD	Shared Cost EPO Basic \$1000/75	76168DE0430001	Gold	\$358.75	\$374.86
Coventry Health Care	Gold \$0 Copay HMO Plan	81914DE0990001	Gold	\$326.28	\$391.54
Coventry Health Care	Gold \$0 Copay POS Plan	81914DE1000001	Gold	\$342.45	\$410.94

**Additional rating factors for age and family size may determine actual rates.*

Note: Tobacco rating may only be applied when the employee has access to a wellness program that includes tobacco cessation.

SHOP Premium Rates and Plan Cost Sharing

Premium Rating Scenarios By Age and Family Size

The table below shows the base premium for an adult (age 40), 2 adults + 2 kids, a child (age 0-20), and an adult age 55.

BASE PREMIUM RATING SCENARIOS BY AGE AND FAMILY SIZE

Company	Plan Name (Description)	Plan ID	Metal Level	Plan Level Base Rate (PMPM) ¹	Base Premium 1 Adult (Age 40)	Base Premium 2 Adults + 2 kids (Adults Age 40)	Base Premium 1 Child Only (Age 0-20)	Base Premium 1 Adult (Age 55)
Coventry Health Care	Bronze Deductible Only HMO HSA Eligible	81914DE0990003	Bronze	\$223.33	\$285.42	\$854.46	\$141.81	\$498.03
Coventry Health Care	Bronze Deductible Only POS HSA Plan	81914DE1000003	Bronze	\$234.39	\$299.55	\$896.78	\$148.84	\$522.69
Highmark BCBSD	Shared Cost EPO Basic \$5250/90	76168DE0430003	Bronze	\$261.24	\$333.86	\$999.50	\$165.89	\$582.57
Highmark BCBSD	Health Savings EPO HSA \$3500/90	76168DE0450001	Bronze	\$252.47	\$322.66	\$965.96	\$160.32	\$563.01
Coventry Health Care	Silver \$10 Copay HMO Plan	81914DE0990002	Silver	\$277.36	\$354.47	\$1,061.18	\$176.12	\$618.51
Coventry Health Care	Silver \$10 Copay POS Plan	81914DE1000002	Silver	\$290.97	\$371.86	\$1,113.26	\$184.77	\$648.86
Highmark BCBSD	Shared Cost EPO Basic \$2000/75	76168DE0430002	Silver	\$297.44	\$380.13	\$1,138.00	\$188.87	\$663.29
Highmark BCBSD	Health Savings PPO HSA \$2000/80	76168DE0440001	Silver	\$289.27	\$369.69	\$1,106.76	\$183.69	\$645.07
Coventry Health Care	Gold \$0 Copay HMO Plan	81914DE0990001	Gold	\$326.28	\$416.99	\$1,248.36	\$207.19	\$727.60
Coventry Health Care	Gold \$0 Copay POS Plan	81914DE1000001	Gold	\$342.45	\$437.65	\$1,310.22	\$217.46	\$763.66
Highmark BCBSD	Shared Cost EPO Basic \$1000/75	76168DE0430001	Gold	\$358.75	\$458.48	\$1,372.58	\$227.81	\$800.01